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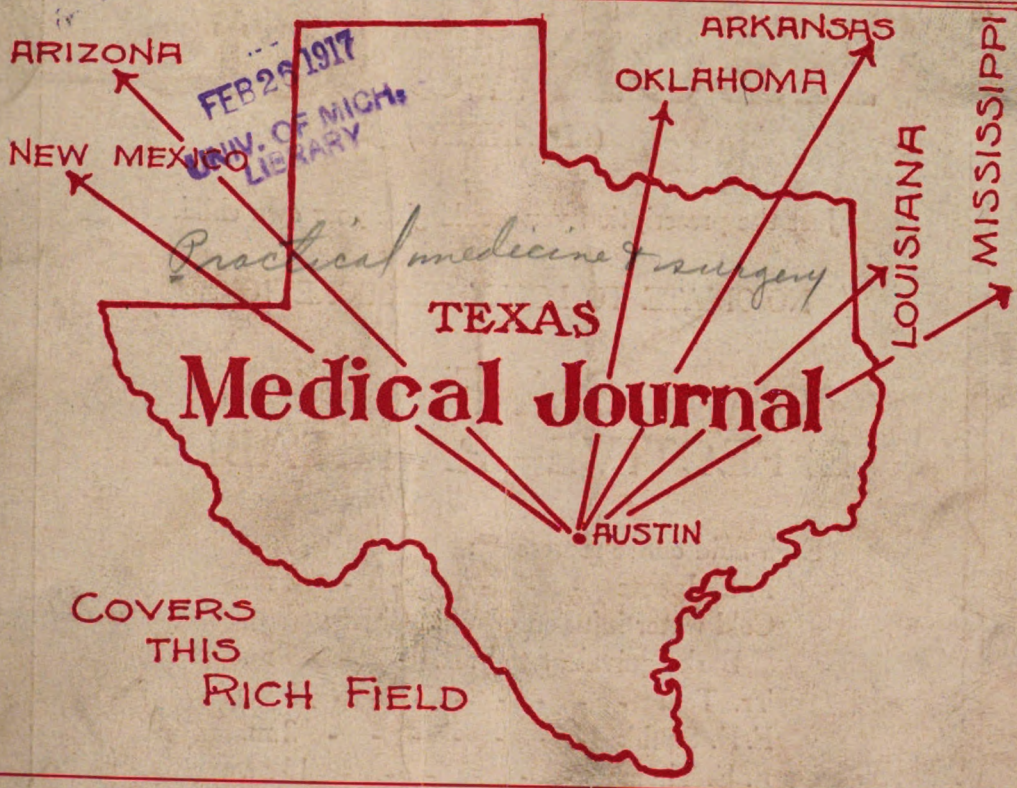
Vol. XXXII FEBRUARY, 1917 No. 8



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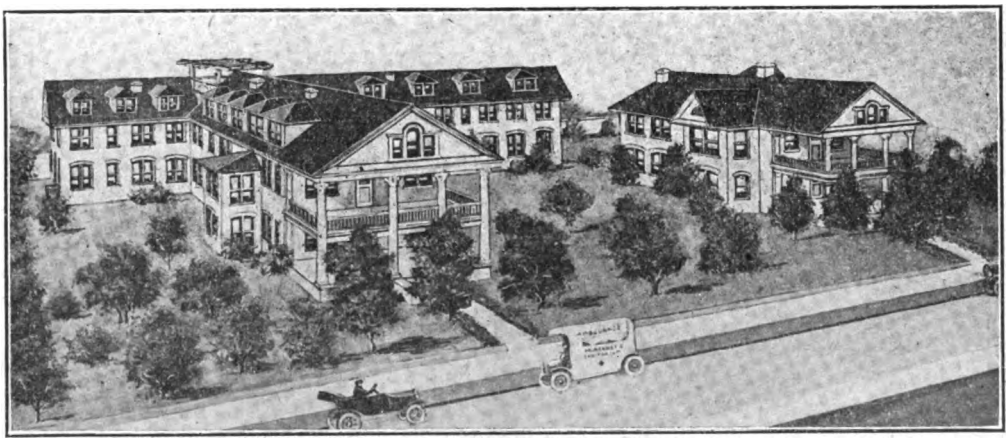

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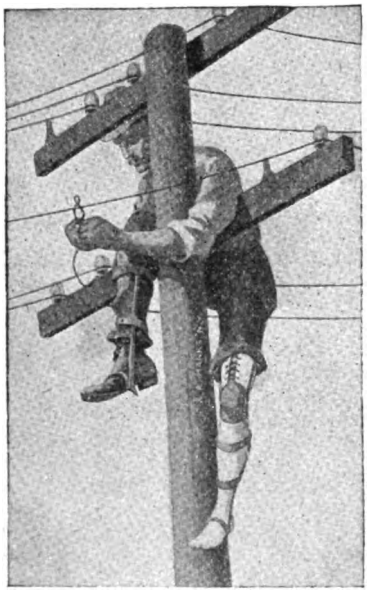

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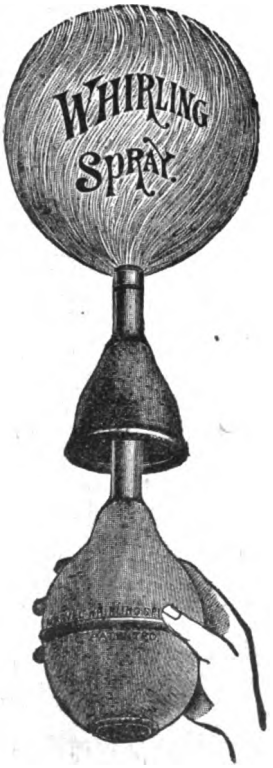

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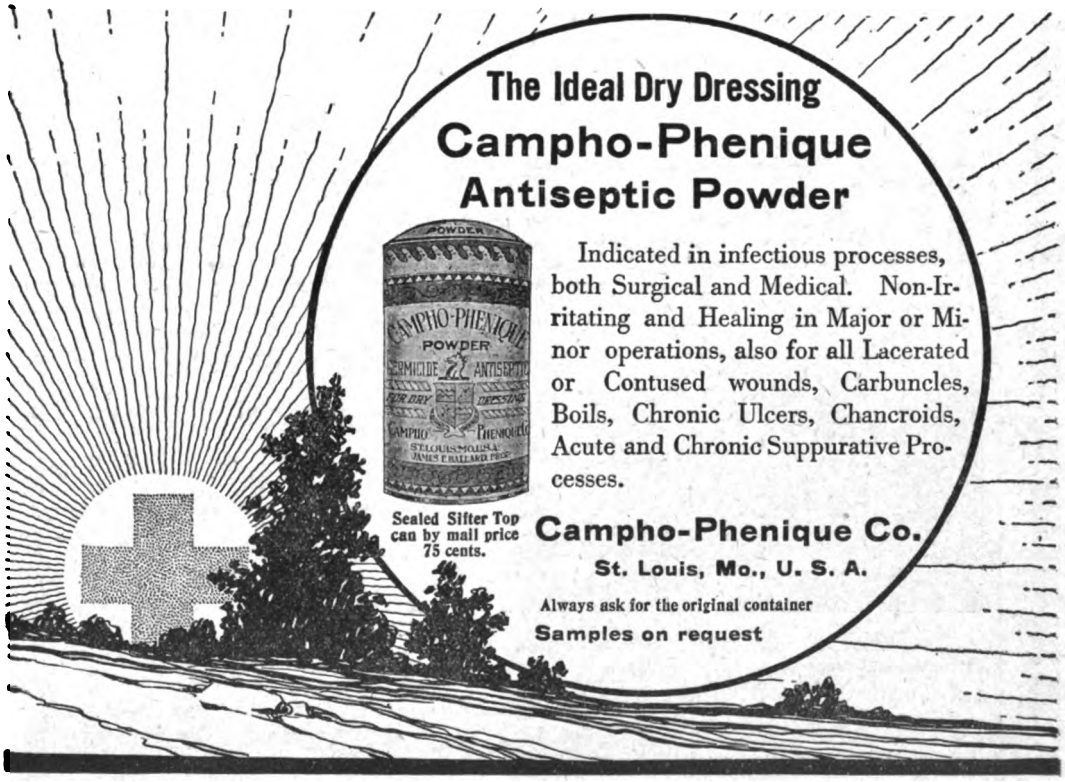
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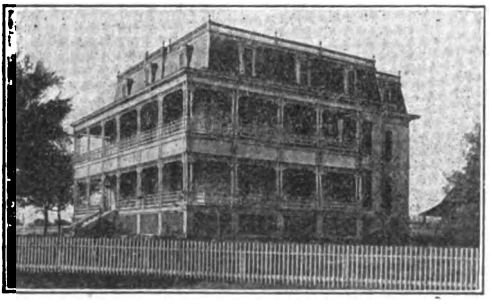

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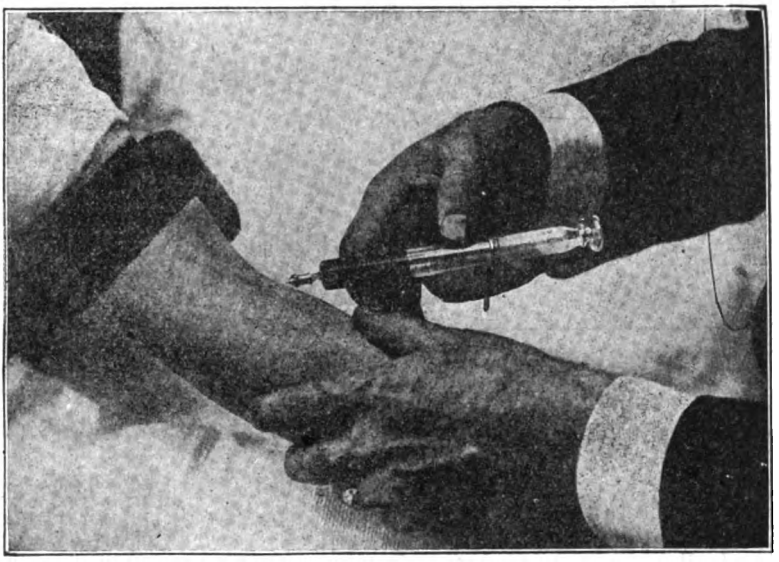

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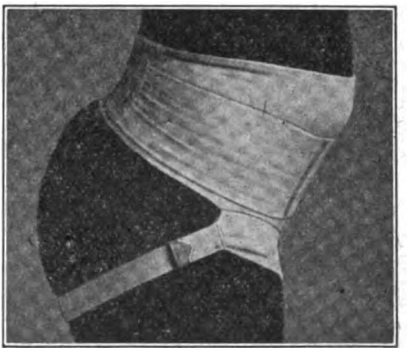

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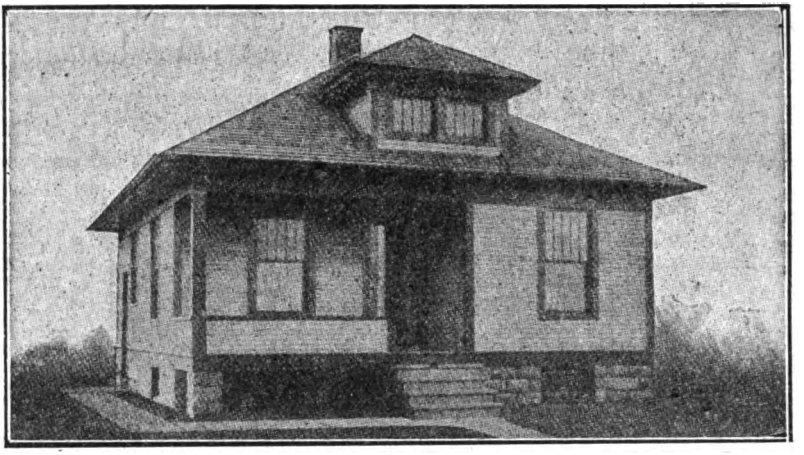

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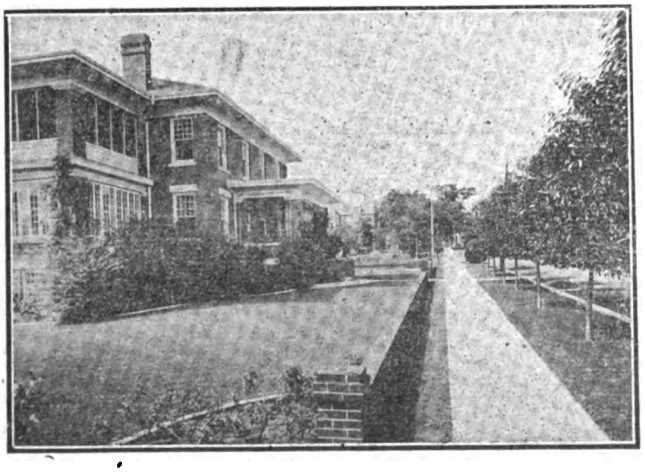

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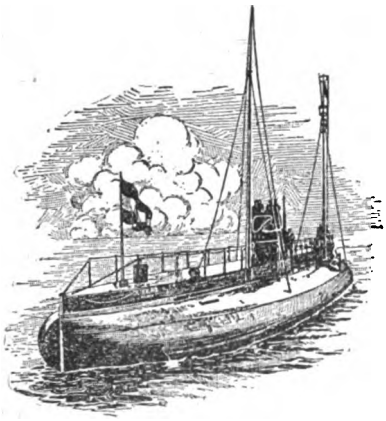

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"All of good the past hath had,
Remains to make our own time glad."—WHITTIER.

Original Articles.

Harrison Narcotic Law.*

BY W. E. ALLEN, ASSISTANT UNITED STATES ATTORNEY.

We are living under a dual form of government, each in a measure separate and distinct from the other. The States are possessed of the power to pass all laws not prohibited by the Constitution of the United States. The lawmaking body of the United States may pass only such laws as it is specifically authorized to pass by the Constitution. In other words, the Federal government is one of limited legislative power. The Congress can act in those matters only where it is authorized to act by the Constitution of the United States.

Among the powers thus delegated to Congress is the right to raise revenue for the maintenance of the government, and to pass suitable laws providing for the collection of such revenue and to prevent any fraud upon the revenue. It is this provision of the Constitution that gave Congress the power to pass the Act of December 17, 1914, commonly known as the Harrison Anti-Narcotic Law.

It is quite apparent that Congress had in mind more far-reaching consequences than the mere raising of revenue. Our national lawmakers, with the sad history of the most populous nation of the world before them, where the very vitality of that

*Read before North Texas Medical Association, December 13, 1916.

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nation has been sapped by the use of opium, and with the knowledge that the drug is finding its way into this country to an alarming extent, sought to check the evil at the very outset. Thus, the most drastic law classed as a revenue measure that has ever found its place on the statute books of the United States.

By the first section of this law it is provided that every person who produces, imports, manufactures, compounds, deals in, dispenses, sells, distributes, or gives away opium or coca leaves or their derivatives, shall pay a tax and shall register with the collector of internal revenue. In subsequent sections of the act, it is required that persons growing, importing, or handling these drugs in any way, shall keep a record thereof. In this way it is quite evident that the government proposes to keep a check on all narcotic drugs produced in the United States or brought into the United States from any foreign country. Congress had a right to require such a record to protect the revenue, which quite satisfies the constitutional requirement and gives to the law its validity.

Section 2 of the act provides that whoever shall sell, barter, exchange, or give away any of the drugs specified in the act shall do so in pursuance of a written order, which order shall be in duplicate, the form of the order being prepared by the Revenue Department.

There are certain exceptions to this requirement, and it is with these exceptions you are particularly concerned, as they relate to the acts of a physician. The first exception exempts from the requirement the dispensing or distribution of any of the said drugs by a physician, dentist or veterinary surgeon to a patient in the course of the professional practice of such physician, dentist, or veterinary surgeon.

The inquiry then naturally arises, first, who is a patient? This matter was presented to the Hon. E. R. Meek, United States District Judge for the Northern District of Texas, at Dallas, in the trial of a case in January, who defined the word "patient" as follows: "'Patient,' as and wherever used in the charge of the court, gentlemen, means a person undergoing treatment for disease." The next inquiry is, What is the meaning of the term "professional practice only," or "legitimate practice of his profession," as used in the act? The court in the same case defined that term as follows: "'Legitimate practice of his profession,' as used herein, means regularly and properly undertak-

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ing by a physician, first, to judge the nature, character and symptoms of disease; second, to determine the proper remedy for the disease; and, third, to give, prescribe, or dispense the application of the remedy to the disease."

I know of no better or clearer definitions of these terms than those announced by the court. Therefore, a physician who is engaged in the legitimate practice of his profession may use narcotics as his judgment dictates in the treatment of any patient, and may do that without receiving from such patient a written order for the drug.

In this connection, however, it is required that the physician keep a record of all drugs dispensed or distributed by him, except such as may be dispensed or distributed to a patient upon whom such physician, dentist or veterinary surgeon shall personally attend. What does "personally attend" mean? The Honorable Commissioner of Internal Revenue, the head of the Revenue Department, has ruled that this section of the law requires a physician to keep a record of all drugs dispensed, used, or distributed by him, except such drugs as may be administered during a visit to a patient away from the office of the physician. This question, so far as I know, has never been determined by a court. At least, it has not been determined by the judge of this district, nor by any appellate court. That being the case, the ruling of the Honorable Commissioner of Internal Revenue should be given weight and should be accepted as a correct construction of the law. My advice to any physician is to keep a record of all drugs dispensed by him at his office.

Another question which has quite frequently arisen, and one that I have had propounded to me by a number of physicians, is as to the right of a physician to prescribe for an addict who is afflicted with an incurable disease. As I understand the law and the rulings of the Department, they are that a physician may prescribe such quantities of the drug to anyone suffering with disease as the good judgment of the physician deems necessary. In other words, if you have a patient suffering with cancer, tuberculosis, or some other incurable disease, and you think the use of narcotics is necessary in the treatment of the patient or the alleviation of pain, you are at liberty to prescribe for such patient the drug to be used in such quanties as the particular case may require. However, a prescription in that instance should show on its face the malady and also the dosage prescribed.

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It is not intended by this law to hamper the legitimate practitioner of medicine in his work, nor is it intended to take from such physician the remedies which he considers necessary or proper in the practice of his profession. The law has placed upon the physician a great trust. He possesses special and superior knowledge of the subject, and, so long as he is acting in good faith, the law does not interfere. He must not abuse the trust thus confided in him, and the ethical practitioner will not abuse that trust. I know this from my experience of almost two years in dealing with this law and seeking to enforce it.

Just how far, if at all, a physician may go in prescribing for an addict not afflicted with any disease has not been determined. It seems quite clear, however, that the law does not contemplate the giving or prescribing of the drug to an addict simply to satisfy the cravings of such addict for the drug. In my judgment, such acts would fall within the condemnation of the law.

Whether or not the writing of prescriptions is dispensing the drug has not yet been definitely determined. One court has held that it is, but the Revenue Department has not ruled on that point, and for that reason has not seen fit to require that prescriptions shall be written in duplicate and a copy kept by the physician. However, a great many physicians do this. I have seen a number of forged prescriptions, and also prescriptions where the quantity of the drug prescribed had been materially increased by the person for whom prescribed. A copy of each prescription would be of aid to the government in detecting frauds perpetrated by those who receive prescriptions, but I do not understand that the Department has seen fit to require that a copy of each prescription be kept.

You are familiar with the form of prescription to be used when narcotics are prescribed. This form should be used in every instance where any quantity of a narcotic drug is mentioned in the prescription.

Section 6 of the law exempts from its operation certain proprietary remedies and preparations, and I regret to say that this section has been abused by a few druggists. It is made very clear by the terms of Section 6 that it shall not apply where the purpose is to evade the intentions and provisions of the act. In other words, druggists cannot supply addicts with quantities of colic cures and other remedies containing narcotics where it is apparent that the medicine is being used simply to satisfy the cravings of the purchaser. Druggists who sell excessive quan-

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tities of any preparation containing morphine or its derivatives are on dangerous ground, and while I am specifying drugs I should include here paregoric. Paregoric may be sold under Section 6 when sold as a medicine and in such quantities as the druggist may reasonably believe are being purchased as medicine, but when sold in excessive quantities the law is clearly violated. You perhaps have had trouble with some of your patients on account of the exceptions contained in Section 6. The Department would appreciate information at any time of any violation of this section. In other words, if you have a patient who is supplying himself with narcotics by purchasing excessive quantities of remedies containing narcotics, the Federal authorities would appreciate your advising them of that fact.

A druggist may dispense or distribute narcotic drugs on a bona fide prescription of a physician prepared in conformity with the law. One of the requirements is that the prescription shall be written and signed by the physician. This would seem to exclude the idea that a prescription given over the telephone would be sufficient. I know that it is the conception of the Revenue Department that such prescriptions should not be filled. We can realize that a situation could arise where such prescription could not be given and the drug procured thereon in time to answer the purpose. These occasions, however, are rare. Wherever it is possible for the drug to be procured in the regular way, the Department insists upon a compliance with the letter of the law. However, I do not say that in every instance where a druggist fills a prescription in an emergency case given to him by a physician whose voice he knows and where the physician prepares a prescription and delivers it to the druggist's messenger that the druggist would be prosecuted. If the practice of telephoning prescriptions should prevail generally, and such prescriptions be substituted for written prescriptions, there would be a field opened up to the unscrupulous. The law is intended to be construed with reason, and, as I have said, much depends upon the good faith of those prescribing or dispensing the drug.

This law is not perfect. It has its defects.

The first automobile invented was not perfect, but it formed the basis for a machine which is now well-nigh perfect. So it is with the Harrison Narcotic Law: it is the basis of other laws. I believe that physicians should study the law and should offer all suggestions possible looking to the remedying of all defects; and I am pleased to say that the physicians with whom I have

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come in contact, almost without exception, have been the best friends that the Harrison Narcotic Law has had.

Obscure Symptoms of Syphilis and So-Called Parasyphilitic Diseases, With Discussion of Treatment.

BY J. T. M'GLASSON, M. D., WACO, TEXAS.

At the outset, I wish to state that I do not believe the term, parasyphilitic disease, should have any place in our nomenclature. A certain condition is syphilitic, or it is not. There can be no middle ground. The term here is only used in the title to make my meaning clear to those who may hold the other conception. My position in this matter is very generally upheld by a majority of syphilographers at this time. The reason for this is well set forth by Barker, by the demonstration of treponema pallidum in all kinds of syphilitic lesions, including not only the chancre of primary syphilis and the gummata of tertiary, but also in the walls of aortic aneurysms (Schmirl, J. Homer Wright), in the brain substance in general paresis (Noguchi and Moore), in lesions of tabes dorsalis (Morinesco), and in the organs of children dead of congenital syphilis (including germs of developing teeth), and in placentas of the mothers of syphilitic children by various observers.

I also want to say, I will not trouble you with common symptoms of a typical case of syphilis, but I want to stress symptoms that are very suggestive of syphilitic infection which are not commonly given their proper value, that we may be on our guard. No other disease so generally invades all fields of medicine as does syphilis. The syphilographer is therefore dependent on every branch of medicine in diagnosis. If, therefore, I may lay too much stress on the eye men, in this paper, it is because of their peculiar opportunities of getting luetics who may otherwise escape observation until too late. My object is in the line of preventive medicine. I want to call the attention of the profession to what may be termed the "preneurotic" symptoms. In attempting this, I am not unmindful of the magnitude of the subject, or the difficulties confronting us in determining what may be called "preneurotic" symptoms.

Kolmer, in the *Journal of the American Medical Association* of May 6, 1916, has said: "In view of the recent researches in syphilis disclosing the spirocheta pallida in the tissues in ter-

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tiary lesions, it is very doubtful whether it is permissible to speak of the sequelae of syphilis. The toxins and other products of the spirochetes may produce degenerative changes in various organs, but it is more likely that the late consequences of a syphilitic infection, as aneurysm, aortic insufficiency, arteries, etc., may be direct lesions of syphilis, due to the presence of living spirochetes rather than sequelae in the true meaning of the term." Noguchi and Moore, Nickols, Wile and others have demonstrated the microparasites in the brain and spinal cord of paresis and tabes dorsalis, thereby rendering obsolete the terms "parasyphilitic" and "pseudo-syphilitic," and Warthin and others have likewise shown the parasites in the heart and vessel walls even in those who during life were regarded as cured. It is probable that there are different strains of the spirocheta pallida with different tissue affinities; thus a certain strain may have a selective infinity for the tissues of the central nervous system, and its host show the results of early or precocious involvement of these tissues; another strain may have a selective affinity for the cardiovascular system; another for the bones and periosteum or the skin and mucous membranes, etc., the seriousness of an infection depending on the question of strain infection. Thus the older syphilographers taught that persons showing well developed cutaneous lesions were less likely to develop lesions in the internal organs and were more amenable to treatment. The question then arises, are there not certain symptoms suggestice of preneurotic syphilis? —symptoms even diagnostic of beginning syphilitic neuroses.

Our present state of knowledge does not admit of a definite answer to this question, but we will all agree that the imperfectly treated syphilitic and those who have had no treatment are liable at some time in life to come down with some of the syphilitic neuroses. We also know that a majority of our tabetics do not know that they are syphilitic and will combat the physician, attempt to make out such a history, at times taking umbrage, at the mere suggestion. That they have had little or no treatment goes without saying. Other cases will give a good history of clinical symptoms, with a short or irregular treatment; while a certain number will come down with syphilitic neuroses, and die, in spite of the most heroic treatment.

With the above statements before us, it is pertinent to ask, Where are we at? Are there not some symptoms which will enable us to recognize that not only these patients are syphilitic, but that they are cases of probable beginning or "preneurotic"

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syphilis? Of course, it is not possible to say that, any given case will go on to tabes, but we should, in the light of our present knowledge, proceed on that assumption.

With the above limitations, I shall, in this paper, attempt to answer, in the affirmative: First, I want to call your attention to some conclusions reached by Barker: (a) Of the extent of unsuspected syphilis in the community; (b) of the fact that the majority of cases treated, even those believed to be thoroughly treated, are not cured; (c) that many of the wives and children of supposedly cured luetics are infected, even though they show no symptoms; (d) that the reason why the syphilitic child of a syphilitic father can be nursed by its mother without giving the disease to the mother (Colles law) is that the mother is already infected, the child having been infected by placental transmission from the mother rather than by direct inheritance from the father; and (e) that the reason why the apparently healthy child of luetic parents seems to be immune from infection, say, from an infected wet nurse (Profetas law), lies in the fact that the child is already infected. Another statement I want to make is, that it is now proven that the treponema becomes widely distributed throughout the body before the initial lesion develops. In other words, that, by the time a Hunterian chancre appears, the syphilis has, as a rule, become generalized, and the excision of the chancre, or any other form of abortive treatment, is of no value.

Before going further, I want to say that only since the widespread use of the sero reactions, in the diagnosis of syphilis, have we become mindful of the extent of syphilis, and also, since its introduction, have we been able to tell with any degree of certainty when our patients were cured. But I want to take issue with those who are wont to rely implicity on the Wassermann. Wolbarst and others have shown that it is dangerous to accept a positive Wassermann without other confirmation. Osler's dictum: "That laboratory methods (Wassermann) are an addition to, and not a substitute for, clinical observations" is as true in serology as in other work. Simply accept it for what it is worth. A positive Wassermann can be accepted with greater confidence than a negative one, bearing in mind the conditions that give a positive Wassermann, other than syphilis. Keyes has gone so far as to say a positive Wassermann, in the absence of clinical symptoms, and history, would not be a bar to marriage.

In preparing my paper, I made out the following questions

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and sent them to thirty-five eye men. A summary, together with the questions, would be as follows. Facts are gathered from twenty-one answers that were satisfactory for this report.

Question 1.—What per cent of cases of optic neuritis and choked disc do you find are syphilitic?

Answer.—An average of 63 per cent. One man answered as low as 10 per cent. Eight answered above 70 per cent. I believe that this is a very low average, and suggest that the oculist should follow these cases up. I am certain they will find cases of syphilis where they are least expected.

Question 2.—What per cent of cases come to you without other suggestive symptoms of syphilis?

Answer.—Sixty-two per cent. Note the vast number of which this is the only symptom.

Question 3.—What per cent of such cases are hereditary?

Answer.—Twenty-seven per cent. I think this sufficiently low.

Question 4.—At what age do you find eye changes most frequently?

Answer.—Ten to thirty years by 7; 20 to 40 by 6; 40 to 70 by 4; 30 to 50 by 1; any age by 2. Thirteen found a majority under 40. Five found over that age; while two answered any age. My own experience is under 40.

Question 5.—Are there any other eye changes that, to your mind, suggest syphilis? This is only intended for first symptoms; not for conditions where syphilis is already in evidence.

Answer.—Fundus changes, iritis, paralysis of extra and intraocular muscles, keratitis, inflammations of uveal tract, retinochoroiditis, strabismus, anisocoria, excessively premaute failrue of accommodation, etc.

My attention was called to this work by six cases referred to me by oculists, all of whom denied any knowledge of syphilis. Their parents also vehemently denied it, but subsequent results demonstrated the accuracy of our findings. A case in point.

Case 1.—Girl, age 14, referred by Dr. J. R. Ferrell of our city, who reported that she had edema of retina or choroid retinitis, with vision 32/100 right, 20/80 in left eye. After considering the case, and after diligent questioning, found definite history of syphilis. Luetic treatment resulted in much relief, vision more than doubled, patient returning to school, continuing full course of studies. Treatment continued.

Another case of similar nature, but showing other side of picture.

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CASE 2.—Boy, age 12, referred by Dr. L. F. Naylor of our city. Eye findings were widely dilated pupils; no response to light. Choked discs; only had light perception. Ophthalmoscopic examination difficult, because of extreme nausea and vomiting from reflected light. Wassermann positive. Patient's father refused to accept our diagnosis, and refused treatment. Patient died one month later in convulsions. I do not believe that this patient could have been helped at this late date, but at the beginning of the trouble, if properly diagnosed, I believe we would have had another story to tell.

Another case in which the diagnosis of locomotor ataxia was borne out by time.

CASE 3.—J. S., age 47, was seen by Dr. Jno. L. Burgess of this city two or more years ago. He had at that time paralysis of external rectus, possibly involving superior oblique, and some irritation of optic nerve. He was told that it was syphilitic and advised to take proper treatment at once. He failed to do so. I was consulted this spring, when it was found he was tabetic, advanced, and I can give him very little encouragement. I believe a different picture would be presented had he taken the proper treatment.

It is proper to ask now, what other conditions should suggest luetic involvement? I can only answer, that there are no parts of the anatomy exempt. But there are conditions which are more likely to be syphilitic than others; i. e. (1) aneurysms, (2) certain grave anemias resembling the Addison Riermier type, (3) strictures of rectum; (4) thickening of or nodules in the bones, especially when accompanied by night pains; (5) repeated miscarriages without explainable cause; (6) and obscure nervous cases, especially where the symptoms come and go; (7) disorders of metabolism and of internal secretions (Barker); (8) stomach crises with obscure pain, mild or severe, with or without vomiting.

CASE 4.—Female, age 21, fairly well nourished; had stomach crises, occurring once or twice monthly, at times so severe as to be much prostrated for several days. The attacks came on following the simplest diet, or even with a milk diet. While she never at any time vomited blood, still the condition was suggestive of ulcer or malignancy. She was X-rayed by Dr. R. B. Nutter of our city, with the following findings. I am indebted to Dr. Nutter, who very materially assisted me in getting this data: An abnormal thoracic aorta shadow with the Roentgenoscope. This sign was first described by Keinback, of Vienna, and

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serum tests have proven its value. The shadow is a moderate increase in density, with an increase in breadth up to 30 per cent. Stomach after barium meal showed to be moderately dilated, hookshaped, marked ptosis, hypomotility, outlines regular, pylorus freely movable, no spasm nor filling defects, rapid emptying without definite cycles. This, in spite of decided hypomotility. This is due to an open pylorus. This picture may also be seen in lead poisoning and achylia gastrica. This patient under antiluetic treatment was markedly improved, and has not had a gastric crises since.

CASE 5.—Male, age 42; very similar to case 4. Periodical stomach crises, with rather constant pain over pylorus, nausea and vomiting, easily induced, not explainable by character of food; no blood in vomitus. This case was very suggestive of stomach ulcer. X-ray findings by Dr. R. B. Nutter were the same as case 4, in regard to aorta; so much so that I advised looking for it in all suspicious cases. Stomach, after barium meal, showed to be hookshaped, normal position, regular outlines, no spasm, no filling defects, pylorus movable, peristalsis faint, definite hypomotility, in spite of which there was rapid emptying. Both of these cases presented the same definite hypomotility, deficient peristalsis, yet emptying in half the time of a normal stomach.

Dr. Barker, of Baltimore, reports case of man, age 34 years, who was much emaciated, neurasthenic and with hypomaniacal symptoms; had facial tic; single epileptiform convulsions, and insomnia, with a positive Von Graefe and Rosenbach sign. Under observations in hospital, the patient was euphoric, mentally restless, and overalert, with a tendency to hurried speech, talkativeness, and general pressure of activity. This patient had, while in hospital, a generalized epileptiform convulsion, ushered in by a loud cry. The lips and tongue were bitten and the face cyanotic. There was no incontinence of urine or feces. The convulsive seizure lasted two minutes and was followed by coma, lasting for some five minutes, after which patient awoke and was temporarily disoriented as to time and place, and had no memory of the seizure. Under salvarsan, followed by salicylate of mercury, patient rapidly gained in weight, felt well and had no more convulsions, so that obscure epileptiform seizures should be classed among those suggesting syphilis.

CASE 6.—L. J. L., male, age 34. Patient first seen by me in May of this year, with the following history: The initial lesion

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four years ago was given four doses of salvarsan and pronounced cured. During last year had double vision, with trouble in moving around in the dark, as he expressed it. Some difficulty in negotiating stairways. In the early part of this year had a gradually increasing incontinence of urine until he lost control entirely. He was in this condition when I saw him in May, 1916. His condition then was a very marked Babinski; would fall if not held up. Patella reflexes abolished, marked ankle clonus. Vision defects marked. Eye grounds showed choked discs, atrophy of the optic nerve; had three eye men see him. The first thing patient remembers of anything disturbing him was his double vision. This was more than a year before I saw him, and it goes without saying his treatment would have been much simplified had we seen him then. His whole aspect was a typical tabetic. This patient has gained thirty-seven pounds in weight, and has no vision defects noticeable. Shoots rifle and shotgun perfectly and runs his own auto, and his Babinski is negligible. I should have said that he had a four plus blood Wassermann and one plus spinal fluid, a low globulin increase and three cells per field. This undoubtedly accounts for his rapid improvement. No incontinence at this time, and patient working every day. Treatment was mixed salvarsan and intravenous mercury.

Barrett, of Ann Arbor, has recently reported a number of cases of manic depressive insanity, and attempts to prove the luetic etiology of these conditions. I do not believe his point well taken. I think the luetic conditions were simply coincident. As proof, I submit that they should be cured or improved by anti-syphilitic treatment, whereas such is not the case. Treatment being continued until a negative Wassermann was had, conditions mentally just the same, simply having records of improvement followed by exacerbation.

In treatment, I want to suggest that we must recognize that the arsenicals will not cure syphilis. That they are one of my most potent weapons in controlling symptoms by their ability to inhibit the activity of the treponema pallidum is recognized, but their therapeutic effect stops here. Laredde, of Paris, carried patients through series of salvarsan treatment consisting of from thirty to fifty doses, but found the Wassermann after periods of negative reactions would return positive. Dr. C. P. Schenck of our city referred me a case of pharyngeal ulcer luetic in a patient who had twelve doses of salvarsan. Last dose one year

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preceding his visit to me. So we must give mercury as if the arsenicals had not been given. I prefer hypodermic medication. In fact, I have gotten results with the soluble mercury, bichloride, that compares favorably with the newer arsenicals. In giving bichloride it must be given in large doses, one-third of a grain every day. For the continuous treatment, salicylate of mercury in one-grain doses twice weekly gives me the most satisfactory treatment, although some patients do well on inunctions. Each case will be more or less a law unto itself.

Don't be guilty of giving your patients four or five doses of salvarsan and tell them they are cured of their syphilis, for they are sure to make your life unhappy. Sometimes because of pain it is difficult to get patients to take the bichloride, but they should not expect to pay the penalty of indiscretions on flowery beds of ease.

The Psychology of Charities.

BY T. D. CROTHERS, M. D., HARTFORD, CONN.

The average business man devotes a large part of his time to the accumulation of property. Every success intensifies the desire to accumulate more, and very often this is followed by mistakes in judgment and losses, and renewed efforts to recover constitute a large part of his everyday work. Everything else is subordinated to this one great object. Even when his accumulations exceed every possible want or necessity, even up to the stage of luxury the desire to continue increases and becomes a vivid mania that continues through life. When the shadows deepen and the prospect of death looms up, then the question of how to dispose of it must be answered. Advisers and lawyers suggest, but somehow he is distracted and helpless. The contested wills and the settlement of estates show the imbecility of the testator. While he was able to gather the property with some skill and good judgment, he had the most infantile conceptions of how the property should be disposed of. Leaving it all to his family meant their ultimate ruin. Leaving it to the church on the supposition that it would in some way atone for his failure to exercise his spiritual privileges is full of conflicting doubts and the disappearance of the property with little or no tangible records of its destiny.

This is the history of the average business man who in a large

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proportion of cases dies with a very small amount of property to his credit. A number of such persons have at some time or another been in possession of very large amounts, the loss of which has been very injurious to their health and ambition. Some of them never recover a loss of this kind. Others become more energetic and determined, even after repeated losses.

A certain number of business men recognize the necessity of placing their capital in some way so that it will do the largest amount of good in the future. They write wills and consider the question of endowments and what could be done that will promise the most and best returns for what they call their hard-earned capital.

A very curious history could be made up from this point of view. In fact, every town and city in the country where men have accumulated large amounts of property afford startling illustrations of the incapacity and foolishness of persons to wisely place their surplus means for the benefit of the world. Among the numerous examples is this one:

A man whose son died in college left an enormous sum as a memorial, and this was expended in a palatial building of the most elaborate character, and its gift to the college added a burden to keep it up.

Another man gave a magnificent memorial church to a little inland village who could hardly support a church of any kind before. A hospital, an old people's home, a chapel and so on through a long list of buildings as charities given here and there with little or no reference to the surroundings and practical character of the work they are intended to do are sadly misplaced dispositions of property. Thus one hospital had five free beds, and the managers were obliged to charge the occupants of these rooms whenever it was possible, simply to pay expenses. Two professors' chairs in a college were endowed, but the occupants were urged to scale down the salaries to help the other departments of the college. A free church with the minister's salary paid from funds was practically abandoned from apathy, indifference in the minister and trustees. Money sent abroad for schools in missionary fields is subject to such a heavy drain of expenses that it often fails to accomplish the good intended. These are all charities good in themselves, but the methods of applying them in actual activities of life are faulty. This is the shady side of the subject. Reverse this and some very striking examples of grand helpful charities can be found. Take

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Gerard College as one instance. Here a free school and college for indigent and homeless boys has been going on for years doing grand work in the most practical realistic ways. Johns Hopkins' hospital, medical school and research work is another charity where researches in science and methods of healing can be carried on in the most satisfactory way, and its blessings extend to every possible direction. These are two of the most prominent examples of a large number of smaller institutions.

A Chicago physician who had acquired a large property from the rise of real estate decided to give away his property personally, and not leave it to lawyers and others, or to the faulty construction of some will. Among one of his charities was this:

A Southern college appealed to him for a hospital building to accommodate sick students. On examination he decided that they needed a new water supply and not a hospital, so he bought land and built a modern waterworks for the conveying of water to the college, and this settled the problem. In another institution he found unsuitable buildings to accommodate poor boys and girls who could not afford to pay room rent. He built a plain dormitory and left it endowed to supply this want. To his own family he set aside certain sums of money in trust, requiring release papers for any obligations of the future. Finally the doctor died, and there were no legal questions or claims or lawyers to help divide the property. In this he left a grand object lesson to business men and others, not to leave property for others to divide, but to settle it during life and attend to its disposition himself.

Another object lesson of how money can be placed to do the largest possible good to the world was that of a man dying in St. Bartholomew's Hospital in London over a century ago. He had made a great fortune abroad, and was taken sick and went to the hospital. Realizing that he could not live, he took the advice of a physician and left all his property to a school for homeless boys. This has been going on for over a century and is one of the great charities of London, taking up boys lost and abandoned on the streets, training and educating them until fifteen years of age and over, then sending them out into the world. What a grand consummation this is to a life of strenuous effort in the accumulation of money. In the world of science there are evidences in the different laboratories of the value of endowments, which will enable trained observers to take up disputed questions of health and disease and determine the laws

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which control them, thus actually adding untold wealth in diminished disease and increased longevity.

The laboratory work on the alcoholic problem through the means of endowed funds has revolutionized much of the present theories of the past and revealed a new world of facts that no speculation of opinions could ever determine. The great scourges of the human race have practically disappeared through the march of scientific studies and more accurate examinations of the facts. Here is a limitless field for doing good and lifting the race up higher and making life broader and richer in health and happiness.

We are confronted today with one of the greatest questions of civilization, viz.: How to perpetuate life, diminish its disease and sorrow, increase the happiness and satisfaction of living.

Alcohol is one of the most serious perils that must be overcome before this can be attained. An army of enthusiastic laymen are pressing different solutions and measures for relief, and a most conflicting literature and agitation are growing out of this subject. On the other hand, a small body of scientists are trying to determine the causes and conditions which are at the bottom of this great evil. When these are discovered, the measures for relief can be applied which will literally stamp out this evil as fully as typhoid and yellow fever has been obliterated. Work of this kind must depend on endowments because of its magnitude, requiring highly trained workers who give their entire time to the subject. There is a psychology to this which appeals to every medical man because of its immediate and intense personal benefits. Physicians can influence capitalists and show how this new field of charity can be put to personal service.

A research hospital has been established at Hartford, Conn., to take up the causes of alcoholism and inebriety, and explore an entirely new country that is unknown up to the present. The laboratories have shown us what alcohol is on cell and tissue and that is the beginning, but what causes, precedes and favor the drink craze are questions to be solved in the future. Here is a veritable charity where money can be put to service, bringing far more practical returns in an improved race than in any commercial ventures. There is a psychology along this line that deserves the warmest consideration and attention, and that is this:

How to put capital into service to develop and widen human activity and lessen human suffering and pain. Every physician is doing this in a practical way in the cup of cold water, in the

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kindly advice and the innumerable attentions and activities and the suffering poor who can give no return except thanks.

The charity of today means something personal, vital and real and the Hartford foundation is based on this fact. We must know what this problem is before we can apply proper preventive measures, and we must appeal for help to make such observations, not in the low sense of the word—charity—but in the broad conception of measures that will help evolve and develop humanity to a higher plain of living. This is the new field of practical psychology and practical charity that calls for recognition in these times of stress and trial.

The Experience of a Country Practice Necessary for a Complete Medical Training.

BY DR. C. T. BRADFORD, KLONDIKE, TEXAS.

The progress of time, as far back as we have knowledge, has not been without the physician, although he has played many a rôle on the stage of human action. In the beginning of his career, so far as history gives us information, the physician, or healer as he was called, was a person supposed to have the power to cast out evil spirits, and thus we see him in the evolution of the profession from the age of superstition and idolatry to the present well-trained man of today.

Most of the States of our great Union have a high standard of medical education at present, and yet, realizing that life is too precious to be wasted at the hands of imposters, and the mortality still too high, this standard is being raised each decade, and we hope to some day see it reach a point where the medical man shall have attained the zenith of thoroughness. Even now many State boards are requiring a certain period of interneship before an applicant is eligible to take the examination.

Psychological medicine has had no place in our colleges, or even to any great extent in the practice until the last few years, and we now believe it to have a very important place, especially in the treatment of nervous conditions.

Very unfortunately the average physician is a man of limited means and must hasten to an active practice, after leaving school, in order to repay some good Samaritan who has helped him through, without getting the advantage of some years of hos-

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pital work, and is really unfit to merit the confidence which the people should place in the family doctor. Our paper, however, will presume that every man who announces himself as one of the profession has had the four years' course of study, together with the required interneship, and shall deal more with the contrast between those who practice in the city, with access to the hospitals and laboratories, and those who do a country practice, with access to nothing except their own resources, as we realize that an education means development to the highest degree of the mental faculties, which is done by continual activity.

No doubt all of you who began your medical career in the country have recollections of being called in the dead hours of the night, and on the journey to the sick room, having gathered all the information possible from the messenger, who came on horseback for you, in order that the diagnosis might be almost complete by the time you had reached the home, only to have your most favorable impression, which you had expected to make, shattered by an entirely different chain of symptoms than those pictured. Still, it was absolutely necessary that you should make the diagnosis before leaving the home, for the mother and father were already alarmed at the child's condition, and could not realize that the treatment would be one to meet the symptoms rather than the disease, as we know very few specifics.

If it is your good fortune to be located in a city, with a well equipped laboratory a few blocks away, it is usually easy to satisfy the family by meeting the immediate conditions by taking a specimen of blood, sputum, urine or feces, and making a complete diagnosis after receiving the facts as reported to you by the pathologist. This, of course, means that we become more and more accustomed to allowing the other man to really make the diagnosis for us.

The man in the country must make some preparation to do his own laboratory work, and thus each examination familiarizes him more with the real pathological pictures than he can hope to become if dependent upon a word picture drawn by the other man. Do not undertsand me to even intimate that the country practitioner is better prepared to practice his profession than his city brother, for, on the contrary, he is less able to meet the ideals prescribed by our text-books, on account of his environment.

Being without trained help and knowing that he must wait some hours before the neighboring physician can be gotten, with

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no light except the small amount given by one oil lamp, and the patient rapidly losing from hemorrhage into a cavity or in a state of eclampsia necessarily makes him inventive, and leads him to depend more upon his own knowledge than he would if a hospital, with its trained nurses, laboratories and sterile rooms, were at hand.

I imagine a man who has had no experience except that gotten inside the walls of a sanitarium would, for a time, be confused if, after answering a hurry call to some family he had never known of, he should find a case of obstetrics, in the second stage, and the surroundings indicating sepsis on every hand, even to the extent that the parturitrant had not received the preparatory bath, nor the linen been changed for a number of days, as she thought it would be unnecessary as all would have to be done after the confinement. Indeed, the man who could meet such state of affairs calmly and without some confusion, even though they were daily occurrences, must certainly not have his soul in the one thought of relieving the world of distress. Such examples as these may seem strange to some of you, yet, although such conditions are rarely met, they do exist, and it happens to be the lot of the country doctor to contrive some means of handling them to the best advantage for the patient. Just as perplexing problems as the one just mentioned confront us in such circumstances as caring for an epidemic of some contagious disease. The father, who is the only salaried person on the place, must, if possible, continue to go to and from his work in order that the mother and six children may be provided with the necessities of life, and yet there is no detention camp or isolated ward to take care of the case of smallpox. There is no nurse to be with it in order that the mother may watch the other children, but something must be done to solve the problem, and the faithful family doctor is the one who is called upon for this advice. in surgery, necessitated by accidents, for that is about the only Only a short time ago I was called at midnight to attend a boy who had a knife wound in the abdominal wall just over the appendix. The gash was about two inches long, and had penetrated to the cavity in a small place. The patient had been bleeding all the time while he drove in a buggy the distance of six miles, but his recovery was expected to be uneventful even though there was not so much as hot water at hand; and again in combating the advice distributed by the neighborhood gossip, who tells your patients to seal all cracks in the walls and never change

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clothing or give baths where there is a pneumonia patient. I have one time seen the patient die from a general septic condition contracted after a large surface had been blistered, and the patient had lain several days without having even the fecal matter removed from clothing and person.

I have often wondered after reading a chapter of some textbook, or hearing a manuscript, if the author would not have changed it somewhat had he come in contact with a few of these obstacles in active practice before writing it.

Knowing that, away off in some remote corner of civilization, there is a man who is trying to save lives under such adverse conditions, why should we feel that he should get the same results as those who are working in a field where asepsis and sanitation are paramount, and how do we figure that every case of puerperal septicemia or other infection is due directly to his negligence? Nevertheless, he is regarded as negligent and inefficient, and many times is forced to bear considerable burden because of the remark, "I am too late to be of assistance," made by a thoughtless consultant who doesn't realize fully the circumstances under which his brother is laboring.

Being versed then in the fundamental principles and technicalities of the profession, the experience gained through a country practice enables us to become more thorough in physical and clinical diagnosis, from having all this to do instead of sending it to the other fellow, better acquainted with the symptoms of the various maladies, because in the absence of a nurse we are forced to watch the patient longer when we call than would be necessary if an accurate chart were at hand to be studied hurriedly, and more devoted to the work because of the desire to ameliorate suffering which we are forced to witness so much more of than we would be under the more favorable surroundings.

Aside from the scientific part of medicine, the doctor should deserve, and must know, the art of securing the unqualified confidence of his patrons, and we feel that this can best be learned among the country folk who know nothing of the rush of city life, where too often the ministrations of the faithful family doctor are looked upon, not in the sympathetic manner in which they are given, but as selfish business transactions.

There has not been a single case of yellow fever in the United States since 1905.

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CLINICAL PATHOLOGY

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Communications solicited and should be sent direct to Dr. Stout. Copy should be in Dr. Stout's possession by the 20th of the preceding month.

Vaccine Therapy.

BY B. F. STOUT, M. D.

Everyone interested in modern medicine realizes the great interest manifested in the last few years in vaccines. Thoughtful physicians do not have the faith in drug therapy that they had a decade or so ago, and since vaccine therapy represents certainly a logical attempt to cure disease by applying the principles of immunity it has appealed more to their reason, and a widespread use of these biologic agents has resulted. Many factors entering into the situation make it difficult to measure just how useful they are. Of course, as in the use of any remedy, extreme views are advanced, some being overenthusiastic and others being wholly pessimistic. The middle ground is here the safest, as it so often is in other problems.

Comparatively few who use vaccines have the necessary knowledge of etiology, pathology and immunology to render their observations of much value. Coincidence has caused many a remedy to be credited with undue success. Ignorance of the nature of the remedy has caused unjust criticism.

In view of the confusion existing regarding the value of vaccines, a short review of some recent publications will be of interest. These articles are accessible to anybody, and should be read in the original.

Davis, of Chicago, an investigator of considerable ability and prominence, has written in the *Journal A. M. A.*, No. 3, Vol. LXVII, concerning vaccines from the standpoint of the immunologist. Davis is somewhat pessimistic regarding the curative value of vaccines. He takes up the well known facts connected with the history of therapeutic inoculation and reasons that because so few diseases can be prevented by this method that little more could be expected regarding their cure.

In the instances where vaccines seem to have been of definite

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benefit, he regards the result as probably due to non-specific reactions. Nearly all observers have seen instances where a severe reaction was followed by distinct benefit by a dose of vaccine, and have attributed the effect to its specific character. Evidence is accumulating to the effect that the results are frequently obtained by non-specific factors.

Typhoid fever, arthritis, including the gonorrheal type, have be cured by crisis, following the intravenous injection of foreign proteins, such as albumose, colon vaccine, horse serum, etc. These injections produce high fever and high leucocytosis with a chill. The explanation of the action of these agents is best explained by quoting from the article under consideration.

Jobling and Peterson, in their analysis of the action of non-specific therapy, call attention to a number of factors. Selective stimulation of the hematopoietic tissues occurs, which results in flooding the body with antibodies which are specific, but the stimulus non-specific. Hyperpyrexia and leucocytosis, and the mobilization of the serum protease and lipase with an ultimate rise of the antiferment titer of the serum following injection of foreign substances are considered significant processes.

Davis believes that where cure and prevention of recurrence is to be aimed at, a specific vaccine is more likely to be of avail. In his summary he states that the non-specific effect of vaccines is now the most important problem that concerns the vaccinationist.

In the same number of the *Journal of the A. M. A.* in which the above was published appears one by Coates, of Philadelphia. He approaches the subject purely from the clinical standpoint, and quotes from his experience in the domain of nose, throat and aural diseases. In acute colds he has had successes in curing them and in preventing the frequent relapses that so many patients have.

In infections of the accessory sinuses after drainage has been satisfactorily provided he believes vaccines to be of value.

He quotes various authors regarding the treatment of ozena, and seems to feel that the evidence is encouraging. Evidence also is presented that vaccines are of distinct value in bronchial asthma. He devotes much space to the suppurative ear troubles, and quotes a series of fifty cases of his own in which vaccines were used and in which dry ears were obtained in 46 per cent. He comments that since all of these would have gone on to radical operation without vaccines, surely the method of treatment

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has counted for much here. In his summary Coates feels that, while vaccines have not fulfilled all that might be expected of them, they have provided an extra very effective means of combating infection, especially if used in connection with other rational means of treatment.

Vaccination—A Review.

BY DR. THEO. Y. HULL, SAN ANTONIO, TEXAS.

In view of the prevalence of smallpox at this time, it may not be amiss to review briefly some of the main facts concerning the disease.

Variola, pocken or smallpox, in historic importance, is said to outrank all other epidemic diseases. None other has pursued the human race with such persistence and malignity. It seems to have been indigenous in Hindustan from very ancient times. The old Brahman mythology recognized a special god for the disease. The Chinese records show that it was known in China over 3000 years ago, and it is still there. When it spread westward is not known.

The first noted epidemic in Western Asia occurred at Mecca about the middle of the sixth century. From thence it spread to Arabia, North Africa and Asia Minor. About the same time it appeared in Europe. A fatal epidemic broke out in Southern France and Northern Italy in 581 A. D. It later invaded England and Denmark and reached Iceland in 1241 A. D. Two hundred years later it destroyed the Norse Colony in Greenland. Before 1527 it reached Mexico with the Spanish conquerors and wrought havoc among the Aztecs.

It became practically universal during the eighteenth century. No land was free from the pestilence for any length of time. It outclassed the bubonic plague. It became the dominant pandemic.

During the eighteenth century it reached its greatest intensity. The mortality was said to be frightful. In England, smallpox was responsible for 10 per cent of the total mortality. In France, 30,000 died annually. In Prussia, 26,646 died from the disease during 1796. Even those who escaped death were disfigured for life. The great prevalence of the disease gave rise to the expression, "From smallpox and love but few escape"—the humor of despair.

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Although physicians were able to render little aid in treating the disease, they learned that it was specific and contagious and began employing prophylactic measures, such as isolation and fumigation. About the same time another fact was discovered: That is, that one attack usually rendered the individual free from future attacks. These discoveries led the way to future advances in prophylaxis. It was also observed that persons who had suffered only the lightest attacks were as free from future attacks as those who had had the more severe forms. This led to an attempt to acquire smallpox under the most favorable conditions.

In some regions the custom of "smallpox purchase" prevailed. Healthy persons were exposed for a brief time to mild cases of the disease in the hope that mild cases would occur in the exposed individuals, but the "purchaser" thus exposed did not always get what he bargained for—a mild case.

In 1721 the information was brought to England through Constantinople that in the far East a certain form of inoculation had been practiced from ancient times. This was the direct inoculation of the smallpox virus from one individual to another. The guiding idea was the same as in the "Pockenkaufer" that the virus from a mild case inoculated into a healthy person would produce in the inoculated a mild case, which would produce lasting immunity. This, likewise, was found not free from danger, but it laid the foundation for future attempts to produce immunity without danger to the inoculated.

This procedure was brought to England by the wife of the English ambassador at Constantinople. Her six-year-old son was inoculated by a Greek physician in 1717. Later, on her return to England (1721), her daughter was likewise inoculated. This was the beginning of a practice carried out in Europe during the eighteenth century. These inoculations, carefully and conscientiously carried out, usually resulted favorably, but were not found entirely free from bad results. But carelessness, ignorance and charlatanism soon entered into the equation and, in consequence of the bad results following, the regular profession and the clergy protested against it.

In continental Europe the first period of inoculation was of brief duration. A great controversy arose over the subject, in which the names of De Haen, De la Condomin, Tissot, Hensler and Gatte appear. The violent opposition of De Haen reacted in favor of the procedure.

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The second period of inoculation followed Gatte's teachings (1760) and lasted until 1798. But in spite of improved technique, severe cases were caused by such inoculation, and fatal cases still occurred. Gregory places the fatality of inoculation as practice during the last half of the eighteenth century at 1 to 300.

Another objection raised was that inoculated smallpox acted exactly like natural smallpox, and when not carefully guarded favored the spread of the disease and the occurrence of epidemics.

The eighteenth century closed with the rapid decline of the inoculation of susceptible persons with human virus. The nineteenth century opens with the extended experiments upon animals. In 1807, Gassner inoculated children with virus obtained from cows which had been inoculated with human virus from active cases of smallpox. Thiele inoculated cows with human virus, using the udder as the site of inoculation. With the virus obtained from the pustules formed on the udder, children were inoculated. Thiele inoculated over 3000 persons in this manner. Ceely inoculated over 2000 persons in the same way. Both proved that the attenuated virus from the cow afforded protection from smallpox.

Several animals are subject to pock-like diseases. As this disease—cowpox—appears in cattle, it is of the most importance to us, on account of its relation to vaccination. When cowpox appears spontaneously among cattle, it is designated as original or natural vaccinia. This original vaccinia is the foundation of modern vaccination. It was noticed that natural vaccinia attacked a cow but once in a lifetime. It was also observed that the disease was easily transferred from the cow to human beings. Milkmaids were the ones most frequently attacked by it. It was further observed that individuals who had suffered an attack of cowpox or vaccinia were immune to subsequent attacks of smallpox. This fact formed the starting point for the theory of vaccination. Thiele and Céely and many others believed that vaccinia, as it appears in cows, was only a modified smallpox.

Up to this time the attempt to immunize human beings against smallpox had passed through three stages: (1) The inoculation of healthy individuals with human virus taken from mild cases of actual smallpox. (2) The inoculation of individuals, especially children, with virus obtained from animals inoculated with human virus from actual cases of smallpox. (3)

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The inoculation of healthy individuals with virus obtained from active cases of cowpox.

It may be said that vaccination did not spring like Pallas Athene from the brain of any one person, but was a natural evolution. To Edward Jenner, of England, belongs the credit of having demonstrated to the medical profession both the possibility of immunization against smallpox and its harmlessness. His name is justly recorded among the benefactors of the human race. But long before his day it had been observed that persons who had not suffered an attack of smallpox, but had been infected with cowpox, remained immune though subsequently exposed.

In Mexico, in certain parts of Asia and in some parts of Europe the belief was prevalent that an attack of cowpox protected the individual from smallpox. Some experimental work was done by Sutton and Fenster and some actual vaccinations were performed by the laity with the distinct idea of producing immunity before the time of Jenner. Jenner in his experiments proceeded along definite lines. He first attempted to inoculate with human smallpox virus persons who had at some previous time been accidentally infected with cowpox. There were sixteen cases in all. None of these developed smallpox, though some of them had suffered from the cowpox infection many years before. He next inoculated an individual with virus obtained from a case of accidentally acquired cowpox. Typical cowpox developed. The patient was subsequently inoculated with smallpox virus with negative results. Jenner thus proved that humanized cowpox or vaccinia could be transmitted and that such transmission protecteed individuals from smallpox infection.

He now repeated his experiments with humanized cowpox virus up to the fifth generation with uniformly successful results. Jenner made the first report of his experiments to the medical profession in 1798, a second report in 1799 and a third in 1800. His work was tested and confirmed by the most noted physicians of Europe. In the earlier years of the new century Jenner's method of vaccination had the active support of the entire profession of Europe.

A marked fall in the mortality of the disease followed whereever vaccination was thoroughly carried out. The result was clearly seen during the first decade, during the second it was still more marked and the third showed the effects were permanent.

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In 1806, Bavaria enacted a vaccination law. This law required that all children, without exception, be vaccinated during the first year, and among other things made vaccination compulsory during an epidemic of smallpox. A number of governments followed Bavaria's lead. Sweden required universal vaccination before entrance into the empirical schools. In Italy, vaccination met with great favor. Sacco became Jenner's most ardent disciple. Vaccination became a family custom. While England was the cradle of vaccination, Italy became the cradle of pure animal vaccination. The production of an unobjectionable vaccine, a pure bovine vaccine from a case of original cowpow which was artificially transmitted from cow to cow, was the work of the Italians.

It is not to be supposed that so great a revolution in medicine as vaccination could be brought about without opposition. Such opposition usually thrives on the failure of any reform to measure up to the utmost claims of the most enthusiastic supporters. As it began to be observed that persons who had once been successfully vaccinated later contracted smallpox and the number increased with each decade, faith in vaccination became shaken and reaction set in. In the bitter controversy that followed the idea of revaccination was born. It generally became clear that a single vaccination could not be relied upon for permanent protection.

With the success of vaccination also spread the anti-vaccination agitation, which rejected the whole procedure as injurious to the common good. This agitation was increased by the discovery that syphilis occasionally followed vaccination. The controversy went on for twenty years, in which vaccination was accused of causing the spread not only of syphilis, but scrofula and other constitutional diseases.

To end this discussion, the English General Board of Health in 1855 prepared four questions which it submitted to 542 medical authorities in Europe, Asia and America. These questions asked:

1. Whether successful vaccination conferred protection against smallpox in most cases.
2. Whether the lessened susceptibility of vaccinated individuals to smallpox predisposed them to other infectious diseases.
3. Whether syphilis, scrofula and other constitutional diseases could be transmitted through vaccination.

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4. Whether the general vaccination of children was to be recommended.

To these questions, 542 replies were received during the next two years. These replies are to be found in the English Blue Book of Vaccination, 1857.

Of these replies from medical authorities, 540 answered the first question in the affirmative. The answer to the second was a universal negative. There was some difference of opinion in reference to the third. The fourth was answered by 540 in the affirmative.

The revaccination movement began in 1824. This procedure was recognized officially by several countries in the next few years. By 1850, revaccination was compulsory in the German army. In 1874, the Imperial Vaccination Law of Germany was passed. This law required: (1) That every child must be vaccinated during the first year of its life. (2) That every pupil in the public or private schools must be revaccinated during the twelfth year. It is interesting to know that this law permitted the use of human vaccine lymph. Later, 1885, a pure animal lymph was adopted for vaccination and revaccination.

While the primary vaccination done in infancy is generally considered to protect the individual for ten years and a revaccination to possess the same value, it has become a general practice to revaccinate school children every three, five or seven years.

It is worthy of note, wherever vaccination has been neglected, epidemics of smallpox have broken out.

Vaccination and revaccination, like every other protective measure, should be judged by the results obtained in decreasing the morbidity and in lowering the death rate among those who may become infected.

Vaccination was introduced in 1798, and a careful study of its effectiveness warrants the conclusion that it has not only greatly reduced the frequency of smallpox, but also reduced its fatality. During the eighteenth century good authorities state that 95 per cent of the inhabitants of Europe suffered from smallpox. During the nineteenth century in Central Europe the morbidity decreased to 5 per cent. As to mortality during the eighteenth century, it stood next to tuberculosis as a cause of death, 8 per cent of all deaths being due to the disease. In the nineteenth century, after the introduction of vaccination, the mortality amounted to less than 1 per cent.

No better evidence of the beneficial results of vaccination can

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be found anywhere than in Sweden, for nowhere else are more accurate records of the mortality of smallpox, extending over so long a period, to be found. They cover a period of 112 years —1744 to 1855. Vaccination was first performed in Sweden in 1801. It came into general use in 1810. It was made a legal institution in 1816. The record extends an aqual distance on both sides of the beginning of vaccination.

This time is divided into three periods: (1) The prevaccination period, (2) the transition period, and (3) the vaccination period. During the prevaccination period—1744 to 1801—among every million inhabitants 2050 deaths from smallpox occurred. During the transition period—1801 to 1810—the mortality was reduced to 686 per 1,000,000 population. During the vaccination period—1810 to 1855—the mortality dropped to 169 per 1,000,000. In other words, according to this showing, a city of the size of San Antonio during the prevaccination period would have over 200 deaths annually from smallpox, while during the vaccination period it would have had 17 deaths from the same cause. In fact, during the five-year period—1910 to 1914—there were 6 deaths from smallpox.

The Medical Faculty of the University of Prague (1856) reported that in Bohemia among a population of 3,039,722 there were 7663 deaths annually from smallpox during the seven years preceding the introduction of vaccination—1796 to 1802. During the twenty-four-year period—1832 to 1855—of compulsory vaccination among a population of 4,248,155 there died annually of smallpox 287. During the first period the mortality from smallpox was to the general mortality as 1 to 12, while in the latter period it was 1 to 458.

The first effect of vaccination is thus clearly seen. A second effect may be seen in the fact that, in a mixed population of vaccinated and non-vaccinated, the vaccinated were attacked by the disease comparatively less often and more mildly, and with a much smaller relative mortality than were the non-vaccinated.

During the epidemic of 1871 in Leipzig 688 cases of smallpox were treated in the polyclinic, 417 vaccinated and 271 non-vaccinated. The mortality among the vaccinated was 18 or 4.3 per cent, while among the non-vaccinated there were 114 deaths or 42.1 per cent, a ratio of 1 to 10.

Chemnitz, Saxony, in 1870-71 had a population of 64,222, vaccinated 53,891, non-vaccinated 5712 and protected by previous smallpox 4652. During the epidemic of 1870-71, 3596 cases oc-

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curred or 5.16 per cent of the entire population. The relative morbidity among the vaccinated and the non-vaccinated was as 1 to 26, while the relative mortality was 1 to 326. In other words, among 53,891 vaccinated, only 7 died. Among the 5712 non-vaccinated 242 died and among the 4652 protected by previous attack of smallpox no cases occurred. The ratio was 1 to 13 in favor of vaccination.

After revaccination became an established procedure, both the morbidity and the mortality of smallpox were further reduced. The German vaccination law requiring revaccination every twelve years went into effect in 1875.

In Prussia—1816 to 1870—the mortality from smallpox varied from 7.32 to 62.0 per 100,000 inhabitant annually. From 1875 to 1886, twelve years, the average mortality was 1.91 per 100,000. These figures scarcely need comment.

One of the chief arguments against vaccination was the alleged danger of transmitting syphilis. In the early days of vaccination this was a valid objection. Vaccine material taken from a syphilitic for the purpose of vaccinating a non-syphilitic is capable of transferring syphilis.

Today, with modern methods of procedure and modern methods of preparing the vaccine, no such objection can be valid.

On the whole, it may be said that vaccination is one of the greatest blessings ever bestowed upon the human race. One hundred years ago smallpox was a universal plague; today many physicians practice a lifetime without ever seeing a case.

Do you believe in national preparedness and then fail to keep yourself physically fit?

Dr. H. P. Hill is the Superintendent of the Robert Green Memorial Hospital, which has recently been opened in San Antonio. Eleven thousand dollars has been donated by Mr. Alexander Joske for the equipping of operating, clinical and X-ray rooms.

At a meeting of the North Texas Medical Association, which was held in Dallas on December 12th and 13th the following officers were elected: President Dr. Will Cantrell, Dallas; Vice-President, Dr. C. O. Harper, Fort Worth (re-elected); Secretary, Dr. H. L. Moore (re-elected), and Treasurer, Dr. D. L. Bettison, Dallas.

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EDITORIAL

MRS. F. E. DANIEL, Publisher and Managing Editor.

On account of the editor's inability to secure red paper for the cover pages of the JOURNAL, it appears this month for the first time, in its history, perhaps, in other than a red cover. However, the arrangement is only a temporary one, and the red cover will be resumed just as soon as it can be obtained.

Physical Training in the Schools.

The leading educators of the country have been aroused to the importance of more systematic physical training in the schools by a statement recently made by President Wilson to the effect that "physical training is needed, but can be had without compulsory military service." This has been construed as meaning that the President is opposed to compulsory military training or optional military training in the public schools followed by compulsory military service to compensate the government for its military education. There are many people who conscientiously oppose training the youth of a country to fight, but all agree that there should be some systematic physical training for children of both sexes.

That the schools have not given sufficient attention to the physical development of youth is generally agreed. It has for ages been admitted that physical disability is a severe handicap to mental development, but the schools have not seriously considered plans for securing the highest physical development. Therefore a committee of educators has entered upon a definite plan for preparing youth for all the demands of citizenship through physical training of a kind that will prepare both boys and girls for the pursuits of peace or the vicissitudes of war.

To accomplish this, bills will be presented to the Legislatures of every State for a systematic establishment of physical education and training in the public schools. Since the physicians, more than any other class, realize the great importance of proper physical development, it is hoped and believed that they will interest themselves in the measure wherever it is proposed.

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No elaborate machinery is to be suggested, no difficult system of instruction, but realizing that the best time to begin physical instruction and training is in childhood, more attention will, under the measure proposed, be given to physical education in the primary and high schools. As a rule, the universities and colleges that are State supported are already giving a fair share of attention to physical culture, but heretofore it has been woefully neglected in the lower schools of most States. The proposition certainly affords fine opportunity for progressive physicians to help along a movement that should do incalculable good.

The Cancer Menace.

Authorities now seem pretty well agreed that cancer is neither hereditary nor contagious, but the statistics show that it is none the less to be considered as one of the diseases hardest to cope with and most to be dreaded. The death rate from cancer, according to the latest statistics, is 79.4 per 100,000, and shows an almost continuous increase from the time that the figures have been kept with much degree of accuracy. The hope for cure of the disease seems to rest largely in early treatment, and the great mortality comes from failure on the part of those who have it to secure treatment in its incipient stages. For some reason, cancer patients are either ignorant of the character of the disease until it gets into an advanced stage or else are reticent about communicating their knowledge to the family physician. It is an insidious disease, causing little pain at first, and most people do not call on a physician or surgeon until they suffer pain which they wish treated rather than whatever disease causes the pain.

The mortality from cancer can be greatly reduced through a systematic and thorough educational campaign. Unfortunately, the physician has little means of discovering it in his practice in its early stages, but the people should be taught to know the indications of the approach and existence of cancer, and should be impressed with the importance of early treatment. To do this the press and the schools must be used and physicians and surgeons who will take it on themselves to do this educational work will be benefactors to the communities where they disseminate the information. First rid the people of the dread of contagion and of inheriting the disease, then show the importance of watching for its appearance, and urge early efforts to stop its deadly growth.

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There is more to the medical profession than merely treating the patients who come to the office for medical advice and treatment. The really worthy physician should realize the opportunities afforded by his professional knowledge for rendering needful public service, and should not through any false sense of modesty hesitate to perform his public duties. Sensible people will not regard health campaigns conducted by physicians as self-advertising, and a physician worthy of the name will not care what the other kind of people think or say about him.

Court Decision on Vaccination.

The Third Court of Civil Appeals of Texas has recently rendered a far-reaching decision upon the question of compulsory vaccination. The substance of the decision is that city councils and school boards in cities and towns in Texas incorporated under the general laws of the State have no authority to enforce vaccination except in cases where an emergency exists for vaccination to prevent the spread of an epidemic.

The basis of the decision is that cities and towns have no powers except such as are specifically granted them by law, and that unless the law creating them gives them a right to enforce vaccination they cannot assume that right. Under the decision, it seems that even cities operating under special charters cannot resort to compulsory vaccination unless the charters granted by the Legislature specially confer that authority.

In a case decided by the Court of Civil Appeals at San Antonio some time ago, it was held that where there is an epidemic of smallpox, and vaccination is deemed necessary to prevent its spread, compulsory vaccination may be resorted to as an emergency measure. The recent decision does not disturb that opinion. Under this decision more school boards are powerless to compel students attending school to be vaccinated as an entrance prerequisite.

As the Legislature is in session, it is presumed that a bill will be introduced and pushed that will grant city councils and school boards the authority which they have heretofore been exercising, according to this decision, without authority. It is probable that the measure will be so drawn as to make certain the powers of all health authorities in such cases.

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Noticeable Improvement.

The editor trusts that the readers of the TEXAS MEDICAL JOURNAL will not think that to call attention occasionally to its merits as a medical publication can be called boasting, although it may possibly be termed boosting. Since so few readers make critical comparisons without being invited to do so, they will all probably excuse this invitation to compare the contents of this JOURNAL with any other sold at the same subscription price. There are larger journals published, more attractive looking journals perhaps, but they are usually sold at from two to five times the price of the TEXAS MEDICAL JOURNAL, and most of them contain a disproportionate amount of advertising.

Many readers write that they like the TEXAS MEDICAL JOURNAL because it is the journal of all journals that seems to be edited for the busy practitioner rather than for the purpose of allowing some medical wise-acres to display their technical learning. It is true that of necessity many articles dealing with medical and surgical questions are from necessity couched in professional terms, but it is nearly always impossible for a writer on such themes to make himself intelligible in the language of the laity. Therefore he must use the technical language of the profession. But most writers and contributors to this JOURNAL try to say what they have to say in the plainest terms and in the fewest words possible.

Then, in variety of subjects discussed, it is doubtful if any other journal excels this one. The editor studies closely the things that are going on in medical science, and when a thing of interest is noted the best authorities on that subject are invited to write upon it. Up-to-dateness is absolutely necessary in a medical publication.

Again, those subjects are given most space that are of most interest to this section of the country, where the TEXAS MEDICAL JOURNAL circulates most largely. The South and Southwest have their own problems that differ largely from those of the North and the East. The physicians that would keep informed with the things that concern them directly cannot do so through a Northern journal any better than a Southern farmer can learn how to grow cotton from a Northern farm paper.

The editor believes that the TEXAS MEDICAL JOURNAL grows better every month,—at least an effort is being made to improve it,—but if you think it is not and can suggest in what way it

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can be made better, please consider this a personal appeal to you to sit down and write the editor whatever suggestions may occur to you. Above all things else, it is desired that this be regarded as your special journal in which you are enough interested to feel free to make whatever suggestions you may wish. Will you do it?

News Items.

Dr. Q. C. Gaithes, of Glen Rose, has recently been in New Orleans doing post-graduate work.

Drs. F. C. Beall, Clay and Johnson, of Fort Worth, have let the contract for the erection of a sanitarium.

The American Public Health Association and the *American Journal of Public Health,* 755 Boylston Street, Boston. Mass., is now located at 126 Massachusetts Avenue, Boston, Mass.

Dr. Philip Skrainka, of St. Louis, Mo., has severed his connection as literary editor with the *Interstate Medical Journal,* and will in this month start a journal of his own, which will be known as *Medicine and Surgery.* We wish for Dr. Skrainka great success.

Abstracts and Selections.

Acute Syphilitic Meningitis.

BY BORIS BRONSTEIN, M. D., ODESSA, RUSSIA.

Bronstein considers that the term acute syphilitic meningitis should be more particularly applied to acute meningeal phenomena of the secondary period, sometimes preceding, but more

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frequently accompanying the cutaneous manifestations of this period. The pathology is essentially a meningovascularitis with hypersecretion of the cerebro-spinal fluid. Prodromal symptoms, such as headache and insomnia, may or may not occur. Acute syphilitic meningitis at its height, as Bronstein says in the December *International Clinics,* presents the clinical picture of the tubercular form, differing from the latter by the indistinctness of the symptoms, such as contractures and stiffness of the neck, and by the absence of any marked disturbance of the pulse and respiration. In the luetic form fever is apt to be present and there may be remissions and relapses. Lumbar puncture reveals a considerable hypertension of the cerebro-spinal fluid, albumin in quantity, and a marked lymphocytosis with plasmozellen. The cerebro-spinal fluid may yield a positive Wassermann even when the blood serum is negative. Other manifestations of syphilis are to be looked for. The immediate prognosis is rarely fatal but the ultimate prognosis should be reserved. Prophylactic treatment is recommended whenever the cerebro-spinal fluid shows a lymphocytosis, even when all meningeal symptoms are wanting. The treatment consists in frequently repeated removal of the cerebro-spinal fluid in considerable amount, combined with intravenous injection of cyanide of mercury and intraspinal injections of colloidal mercury. Neosalvarsan or salvarsan have a much more rapid action, but must be prudently handled in neurologic lesions of syphilis.—*International Clinics.*

A Clinical Consideration of Migraine.

BY JOHN A. LITCHY, M. PH., M. D., PITTSBURG, PA.

Migraine is considered by the author as the most frequent headache, occurring in 700 of his 15,000 patients sick from all causes. He believes that the so-called acidosis in children may be a forerunner of a well established sick headache habit. The interesting relation between migraine and epilepsy deserve further study. Among the author's 15,000 patients, epilepsy occurred in 7, and both migraine and epilepsy in 70. Auerbach's theory, which attributes migraine to an actual disproportion between skull-capacity and volume of brain, needs further proof. In the *International Clinics* for December, Dr. Litchy shows that the diagnosis is easy when there are headaches which are unilateral, periodical and hereditary, but when only one or two of these

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symptoms are present, or when there is only a periodicity of some of the minor symptoms or possibly of the aurae, the diagnosis may be difficult. Migraine is frequently mistaken for pelvic disease, for acidosis or cyclical vomiting in children, and organic disease, when some of the aurae are present. The psychasthenic and the gastric symptoms frequently lead to confusion in diagnosis. While the underlying causes of migraine are vague and furnish little light as to treatment, much can be done to ameliorate the symptoms by proper handling of the exciting causes that aggravate the patient's general condition and precipitate the attacks. Most thorough investigation and careful individualization are indicated. Systematic administration of the bromide salts and avoidance of undue fatigue are especially recommended.—*International Clinics.*

A Handsome Biologic Handbook.

Every reader of this journal should write to the Abbott Laboratories, Chicago, for a copy of its beautiful new booklet, entitled "Biologic Remedies and How to Use Them." This is a good deal more than an advertising pamphlet; in fact, it is a real text-book of biologic therapy in which the essential facts are presented in simple, straightforward, untechnical English, making the topic intelligible and interesting to any physician. This booklet contains about 70 pages, and is illustrated with half-tone pictures and colored plates.

The first chapter presents the fundamental principles of biologic therapy; and there are also chapters describing the manufacture and use of bacterins, antitoxins, serums, and vaccines. If you want to know when to give a bacterin or antitoxin, how to inject it, the dosage proper in each case, the reaction likely to follow, or why you sometimes fail, you will get the help you want here. One of the most useful parts of the book is a department of Clinical Applications, in which the various disease conditions are taken up in alphabetical order and suggestions given for their treatment with biologic remedies. There is a very complete index, making the contents available for ready reference.

The book, as we have already said, will be sent free to anyone who will send his name to the Abbott Laboratories. Every user of biologic remedies should secure a copy and carry it in his pocket or satchel for help in emergencies.

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McIntire Prize.*

Last year Dr. Charles McIntire resigned the secretaryship of the American Academy of Medicine after twenty-five years of faithful service. In appreciative commemoration the American Academy of Medicine decided to raise a fund, the income of which should be expended in accordance with Dr. McIntire's suggestions. As a consequence the Academy now announces two prize offers, the prizes to be awarded at the annual meetings for 1918 and 1921, respectively.

The subject for 1918 is "The Principles Governing the Physician's Compensation in the Various Forms of Social Insurance." The members of the committee to decide the relative value of the essays awarding this prize are—Dr. John L. Heffron, Dean of the College of Medicine, Syracuse University; Dr. Reuben Peterson, Professor of Obstetrics and Diseases of Women, University of Michigan, and Dr. John Staige Davis, Professor of Pediatrics and Practice of Medicine, University of Virginia.

The subject for 1921 is "What Effect Has Child Labor on the Growth of the Body?" The members of the committee to award this prize are—Dr. Thomas S. Arbuthnot, Dean of the Medical School of the University of Pittsburg; Dr. Winfield Scott Hall, Professor of Physiology, Northwestern University, and Dr. James C. Wilson, Emeritus Professor, Practice of Medicine and of Clinical Medicine, Jefferson Medical College.

The conditions of the contests are:

1. The essays are to be typewritten and in English, and the contests are to be open to everyone.

2. Essays must contain not less than 5000 more than 20,000 words, exclusive of tables. They must be original and not previously published.

3. Essays must not be signed with the true name of the writer, but are to be identified by a nom de plume or distinctive device. All essays are to reach the Secretary of the Academy on or before January 1st of the years for which the prizes are offered and are to be accompanied by a sealed envelope marked on the outside with the fictitious name or device assumed by the writer and to contain his true name inside.

4. Each competititor must furnish four copies of his competitive essay.

*Reprinted from the *Journal of Sociologic Medicine*, December, 1916.

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5. The envelope containing the name of the author of the winning essay will be opened by Dr. McIntire, or in his absence by the presiding officer at the annual meeting and the name of the successful contestant announced by him.

6. The prize in 1918 for the best essay submitted according to these conditions will be $100; that of 1921 will be $250.

7. In case there are several essays of especial merit, after awarding the prize to the best, special mention of the others will be made and both the prize essay and those receiving special mention are to become at once the property of the Academy, probably to be published in the *Journal of Sociologic Medicine.* Essays not receiving a prize or special mention will be returned to the authors on application.

8. The American Academy of Medicine reserves the right to decline to give the prize if none of the essays are of sufficient value.

The present officers of the American Academy of Medicine are: George A. Hare, M. D., Fresno, California, President; J. E. Tuckerman, M. D., Cleveland, President-elect; Charles McIntire, M. D., Easton, Pa., Treasurer, and Thomas Wray Grayson, M. D., 1101 Westinghouse Building, Pittsburg, Pa., Secretary.

Dr. J. Frank Clark, formerly of Iowa Park, has opened a modern twenty-bed hospital at Alpine, Texas.

A Prize of $300 for Essay or Treatise on Teaching and Training Deaf Children.

The American Association to Promote the Teaching of Speech to the Deaf is authorized to pay $300 of the income received from the Alexander Graham Bell Grosvenor Memorial Fund for the essay, treatise, or other form of composition complying with the following conditions that most clearly details how a mother can best teach and train her deaf child in the home from infancy to school age:

Each essay submitted must (1) be delivered at the Volta Bureau, by prepaid express or mail, before 12 o'clock noon of November 1, 1917; (2) must be typewritten in the English language; (3) must contain at least 20,000 words, as it is doubtful if the necessary instructions and suggestions can be properly presented with a less number; illustrations may be used if the

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author prefers; (4) must bear a distinguishing mark or pseudonym, but nothing to tell who the author is or where residing; (5) must not be folded or rolled, but placed in a large, plain envelope bearing only the title of the essay and the distinguishing mark of the author; (6) must be accompanied by a small envelope bearing the title and distinguishing mark on the outside and containing the name and address of the author in a signed statement that the essay is entirely the writer's own production; (7) must be wrapped and addressed to The Judges for the Alexander Graham Bell Grosvenor Memorial Fund Prize, Volta Bureau, 1601 Thirty-fifth Street, N. W., Washington, D. C.

The judges elected to pass upon the merits of the offerings are:

Mr. and Mrs. Edmund Lyon, Rochester, N. Y.; Dr. and Mrs. A. L. E. Crouter, Mt. Airy, Philadelphia, Pa.; Mr. and Mrs. Gilbert H. Grosvenor, Washington, D. C.

These judges will render a report to the Directors of the Association, who reserve the right to withhold the prize should the judges report that none of the compositions possess sufficient merit to warrant making an award.

The composition awarded the prize becomes the property of the American Association to Promote the Teaching of Speech to the Deaf, to be published where and under such conditions as the directors may determine.

If further details are required, do not address the judges, but write to the Superintendent of the Volta Bureau, 1601 Thirty-fifth Street, N. W., Washington, D. C.

Dr. W. G. Jameson, for so many years the Chief Surgeon of the I. & G. N. Railway, died at his home in Palestine, February 13, 1917. Dr. Jameson was well known and much loved. He will be greatly missed in medical circles.

Chronic Duodenal Indigestion in Children.

BY JOHN FOOTE, M. D., WASHINGTON, D. C.

This condition is said to occur most frequently in children after the first year, and especially in those who have suffered from dietetic errors, usually with antecedent contagious diseases, or from prolonged intestinal infections, and this is fully covered by Foote in the December *International Clinics*. This form of indigestion seems to be accompanied by deficiency or pancreatic

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ferments, especially lipase. A mild duodenitis, which either passes up the pancreatic duct, or diminished hormone formation, seems responsible for the condition.

Diminished bile production may also be a factor. Anemia, loss of weight and mental underdevelopment occur. Large pendulous abdomen are common. Bottle feeding has been employed. Fever may be encountered, vomiting almost never. The number of daily stools varies from three to twelve. They are thin, contain some mucus and flakes of whitish material and have a very foul odor. They give an acid reaction and microscopically contain not only large quantities of fat soaps, but also a considerable amount of neutral fat but rarely starch granules. It is to be differentiated from mesenteric tuberculosis and acute duodenal indigestion. The treatment consists in reducing the food elements which have proven indigestible, namely, the fat, and stimulating enzyme production by the administration of hydrochloric acid and pancreatic ferments.—*International Clinics.*

Dr. W. G. Emory, of Bryan, Texas, died February 13 from wounds received when he was shot by L. D. Webster, of Austin.

A Sure Cure for Pneumonia.

Marcus A. Redding, of Los Angeles, declares the following prescription has never failed to relieve and cure patients suffering from pneumonia.

The remedy is: Saturate a ball of cotton one inch in diameter with spirits of grain alcohol, add three drops of chloroform to each ball of cotton; place it between the patient's teeth (after first using vaseline on the gums to prevent burning) and let the patient inhale the fumes in long, deep breaths for fifteen minutes, then rest for fifteen minutes or more; inhale again and repeat the above for twenty times.

The result will be that the lungs will relax and expand to their normal condition; in twenty-four hours the patient is out of danger and in forty-eight hours cured, although weak.

Change the cotton every seven minutes, else the saliva will dilute the alcohol.

The Phenix Sanitarium of Colorado, Texas, has been sold to Drs. T. J. and J. D. Ratliff.

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A Rare Prose Poem.

There was a quack doctor who lived out in the hills who used two concoctions to cure human ills. The one was a physic, the other a drink; he made them of soda and colored them pink. One tweedledee and one tweedledum; the very same bottle was where they were from. When people were ailing they took them to bed, and swallowed whichever the quack doctor said. For people are easy and grafters are slick, and there are more suckers than fish in the creek. A quack politician came out in the hills; he turned the same trick for political ills. The one was protection, the other free trade; he had but one bottle from which they were made. They both skin you proper, and when it is done you can't tell to save you by which you were skun; for people are easy and grafters are slick, and there are more suckers than fish in the creek.—*Houston Chronicle.*

The Waste Places.

Mary had a little waist,
'Twas puzzling to her beau,
For everywhere the fashion went,
Her waist was sure to go.
Sometimes it was beneath her arms,
Sometimes below her knee,
Sometimes she had no waist at all
So far as he could see.

—*Burt's Box Bulletin.*

Any person that is hard of hearing can secure literature that may prove helpful, by addressing the Volta Bureau, 1601 Thirty-fifth Street, N. W., Washington, D. C. We do not give medical advice, we have no medicines or instruments for sale, and we do no teaching.

Taking Doctor's Orders.

A country doctor, walking out one day with a Highlander, who boasted he was a staunch teetotaler, resolved to put him to the test. Passing a hotel, he asked him in and ordered two glasses of whisky. After they had "shifted" these and two or three more at the doctor's expense, his friend began to get a

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wee bit "glib o' the gab." The doctor then, feeling he had him, bluntly asked:

"How does this square wi' your teetotal pretentions?"

"Weel," quoth John, with a quiet smile, "though I'm a stanch teetotaler, I'd be a fule to refuse what the doctor orders."—*Pittsburg Chronicle Telegraph.*

"Powerful Sick."

In the bright sunlight on a railroad station in Georgia slept a colored brother. He snored gently, with his mouth ajar and his long, moist tongue resting on his chest like a pink plush necktie. A Northerner climbed off a train to stretch his legs, unscrewed the top of a capsule and, advancing on tip-toe, dusted the grains of quinine on the surface of the darkey's tongue. Presently the negro sucked his tongue back inside his mouth and instantly he arose with a start and looked about him wildly.

"Mistah," he said to the joker, "is you a doctah?"

"Nope."

"Well, then, kin yo' tell me whar I kin fin' me a doctah right away?"

"What do you want with a doctor?"

"I'm sick."

"How sick?"

"Powerful sick."

"Do you know what's the matter with you?"

"Suttin'ly I knows wut's de matteh with me—mah gall's busted!"—*Selected.*

Helpful Hints for the Busy Doctor.

THE SEQUELAE OF LA GRIPPE.—Among all of the various acute and exhausting illnesses that afflict mankind, there is none that so generally results in distinct prostration as epidemic influenza, or la grippe. Even the grippal infections which are uncomplicated or unaccompanied by serious organic changes are more than apt to leave the patient in a thoroughly devitalized condition after the acute febrile symptoms have subsided. It is for this reason that the treatment of la grippe convalescence is of special importance. The anemic, debilitated, depressed patient requires a systemic "booster" that will not only stimulate but revivify and reconstruct. It is distinctly wise, in such cases, to commence vigorous tonic treatment as early as possible, preferably by means of Pepto-Mangan (Gude), the hemic builder and general reconstituent. This standard hematinic increases the vital elements of the circulating blood and, by increasing the appetite and improving the absorptive and assimilative functions, quickly restores both hemic and general vitality.

ARE YOU SEEKING A RELIABLE TONIC?—Conservative medical men are neither asked nor expected to accept the opinions or conclusions of anyone else concerning the value of Gray's Glycerine Tonic Comp. The only request of the manufacturers is that the physician who is seeking a tonic, a dependable means of restoring the activity of the bodily functions, will give this remedy a fair and reasonable trial. To his conclusions as to the results obtained—his judgment as to the superiority of this remedy as a means of overcoming debility, inanition and malnutrition—the de-

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cision as to its use in the treatment of debilitated conditions is cheerfully left. Knowledge of what careful painstaking physicians, however, are doing with Gray's Glycerine Tonic Comp. whenever a tonic is indicated, leaves no doubt of what that judgment will be, for it has been shown beyond all possible question that this efficient therapeutic agent has no superior in its field of use.

If you have some troublesome case in which you would like to try "Gray's"—write today to the Purdue Frederick Co., 135 Christopher Street, New York City.

INCREASES THE PHYSIOLOGIC EFFICIENCY OF THE STOMACH.—In no way is better shown the trend of modern medicine to revive and reinforce—rather than to supersede—the natural physiologic forces of the body, than in the present day treatment of functional gastric diseases. Only a short time ago there was one routine combination that was applied with almost religious fidelity in each and every case of stomach trouble, and that was pepsin and dilute hydrochloric acid. Fortunately an awakening came, and instead of supplying an artificial digestant, the practice today is to use measures that encourage the stomach to do its own work.

Among the therapeutic agents that have been found particularly effective in this respect, Seng easily stands at the forefront. Under its use the gastro-intestinal glands are stimulated, fermentation is promptly controlled, and the distress and discomfort that make the life of the average dyspeptic so miserable, rapidly disappear. And because these results are directly due to the power of Seng to increase the physiologic efficiency of the stomach, they are not temporary and fleeting; on the contrary, the benefits that Seng produces are prolonged, and with removal of causative conditions, the improvement obtained is as permanent as it is pronounced.

It is not difficult therefore to understand the place Seng has won in the regard of many a physician as the remedy of choice in all atonic forms of indigestion.

PROMOTING TISSUE RESISTANCE IN CHRONIC BRONCHITIS.—A valuable therapeutic point in the treatment of chronic bronchitis, and particularly the bronchitis of the aged, is the aid given by tissue reconstructives. Thus, Cord. Ext. Ol. Morrhuae Comp. (Hagee) administered systematically to this class of patients exerts a marked effect on the bronchial condition, reducing the secretion and irritation, largely through its general reconstructive force. The bronchial and pulmonary tissues' resisting power—that is the power to throw off infection—is augmented, an effect shown by improvement in the cough, irritation and amount and character of the secretion.

PITUITRIN IN TWO STRENGTHS.—The pituitary extract formerly known as "Pituitrin" and supplied in ampoules will hereafter be designated "Pituitrin O." A second preparation of the pituitary gland, bearing the title of "Pituitrin S," is now announced. Pituitrin S is approximately twice the strength of Pituitrin O. Both products are manufactured by Parke, Davis & Co.

Pituitrin O (obstetrical) is intended primarily for use in delayed parturition due to uterine inertia. It has been called "an indispensable item in the armamentarium of the obstetrician."

Pituitrin S (surgical) is indicated specifically in the treatment of post-operative intestinal paresis, vesical atony, hemorrhage, shock, etc. It is of the utmost utility in the hands of the surgeon and internist.

Pituitrin O is supplied in ampoules of 1 mil (1 c.c.) and ½ mil (½ c.c.). Pituitrin S is supplied in ampoules of 1 mil (1 c.c.) only.

ECONOMY.—Although relatively unimportant, economy is a consideration by no means to be overlooked in the selection of a sedative for routine use. This has been especially true in the last eighteen months when the price of drugs of this class has been soaring to heretofore unheard of heights.

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An examination of any complete drug price list reveals the fact that, with but one exception, no sedative can now be procured at as low a figure as before the war. The single exception is Neurosine. It is true that the price of this preparation was for almost a year 50 per cent above the pre-war quotation, but on November 1, 1916, the price was reduced. Neurosine can now be procured at the old rate—8-oz. bottle $1.00, 4-oz. bottle 50 cents, 2-oz. bottle 25 cents.

In view of the above it would seem that the present is an opportune time to thoroughly test this preparation, which has excited so much favorable comment in recent years. It is reported to be unusually potent and free from danger both of habit-forming and immediate evil effect. Neurosine possesses, if this is true, a wide field of usefulness in the treatment of nervous and mental cases. Now, that its use means an economy of from 25 per cent to 200 per cent, is an excellent time to become acquainted with its merits.

AN ETHICAL PREPARATION OF MERIT.—The growing demand for a local application which may be safely used in case of acute rhinitis, septic conditions of the nose and throat and the various forms of acute and chronic catarrh is manifested by the number of recent inquiries into the composition and merit of *Nose-Ions*.

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Nose-Ions is the sole product of the Nose-Ions Company, located at 269 Madison Avenue, New York City, and the rigidly clean campaign of advertising which has been instituted and maintained by them has gained for it a position among the substantial preparations before the medical profession.

Lastly, no more convincing proof of its efficacy can be desired than that its most ardent supporters and prescribers are often physicians who have used it in their immediate families with such satisfactory results that they have continued it in their practice.

OCCASIONALLY one hears a physician complain that he has been unable to get satisfactory results from the use of mineral oil as an intestinal lubricant.

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Failure to obtain results from mineral oil is generally due to one or more of the three principal causes for the failure of such medication. Oil is ordered in cases for which it is not indicated or the wrong kind of oil is prescribed or sufficient attention is not given to the very important matter of proper dosage.

For after all and although mineral oil is physiologically inert, it has its principles of dosage, and a great deal depends upon the size of the dose and the number of doses taken in the individual case.

It should be borne in mind that the cases in which mineral oil is indicated are those in which it is necessary to lubricate the track and the load. In order to do this the mineral oil selected must have spread, mix and penetrating properties. Such properties are the important ones, more important by far than high specific gravity and viscosity.

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is due either to a gradual toxemia or to a mechanical interference with respiration and circulation. (Osler)

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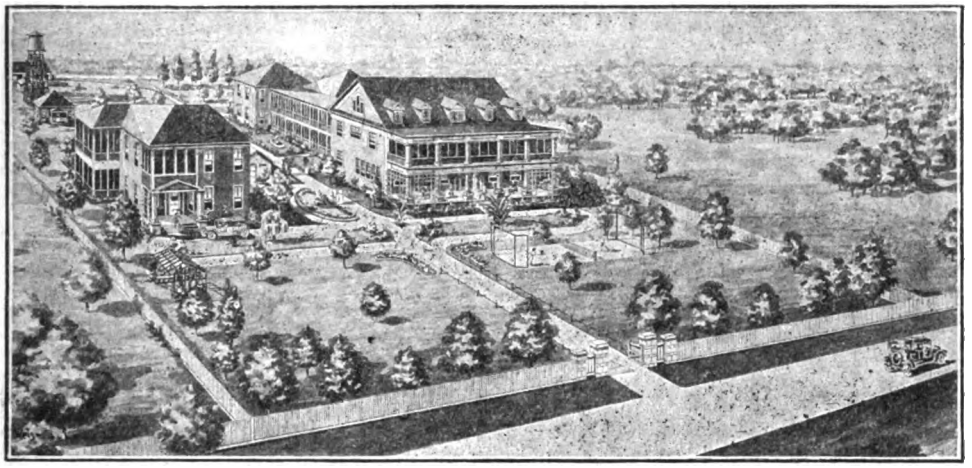

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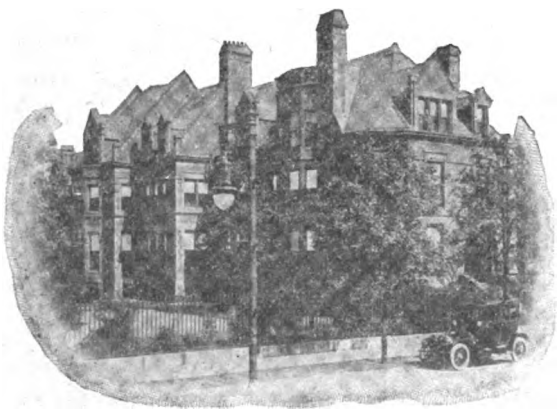

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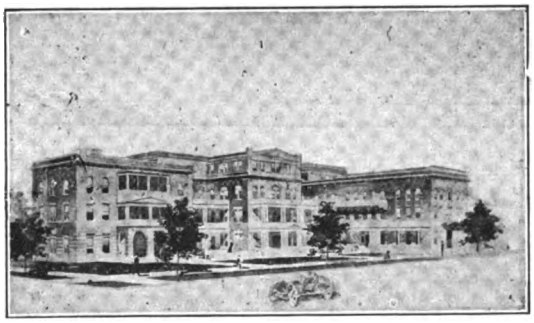

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